Partners

Dr G Ingrams GMC No: 3313741
Dr A Lamlilass GMC No: 6060166
Dr R Inamdar GMC No: 7449471
Dr B Ladde GMC No: 6078174
Dr P Shah GMC No: 7461562

Oakmeadow Surgery
87 Tatlow Road, Glenfield, LE3 8NF
Telephone: 0116 232 0088
Email: Oakmeadow.surgery@nhs.net
Practice Manager: Mrs C Knott
Deputy Manager: Miss S Easter

CARERS IDENTIFICATION FORM

DO YOU LOOK AFTER SOMEONE WHO HAS A PHYSICAL DISABILITY, LEARNING DISABILITY, DEMENTIA, MENTAL HEALTH, OR SUBSTANCE MISUSE PROBLEM OR MAY BE ILL OR FRAIL

If so, you are a Carer and we would like to support you. Please complete and return this form to your GP Surgery

Book an Appointment with your GP, if your caring role is affecting your health.

YOUR DETAILS

Name	
Date of Birth	
Address	
Postcode	
Telephone Number	
Any Relevant Information	

DETAILS OF THE PERSON YOU LOOK AFTER

Name	
Date of Birth	
Address (if different from above)	
Postcode	
Telephone Number (if different from above)	
GP Details (if different from above)	

AGREEMENT FOR A CARER TO HAVE ACCESS TO A PATIENTS PERSONAL DETAILS AND/OR COPIES OF CORRESPONDENCE

Patients Name	
Patients Address	

To: Oakmeadow Surgery

I give permission form my Carer (name) to have access to my medical records and personal details held by the Practice.

This permission relates to all/part of my record/specific condition only *delete as appropriate.

Where the permission is restricted to part of the record only, please specify below the precise limits of this permission and any areas of the record which are excluded**.**

_____

_____

I understand that the GP may override this authority at any time and that this permission will remain in force until cancelled by me in writing.

I consent to my carer receiving copies of all correspondence relating to my treatment * delete if not applicable.

I confirm that this has been explained to me by my GP and that the GP has sole discretion to withhold all or any copies.

Signed: _____ (Patient)

Date: _____

Accepted By: _____(GP) Date: _____